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FACSIMILE COVER SHEET
PLEASE DELIVER IMMEDIATELY!!!!

Our Ref.: 1131-62

Your Ref.: _____ Date: April 5, 2005

To: Terry Dey

Firm: _____

Facsimile No.: 571 273 0100

From: Michelle Lester

Number of Pages (including cover sheet): 5

(IF YOU DO NOT RECEIVE ALL OF THE PAGES OR ENCOUNTER DIFFICULTIES IN TRANSMISSION,
PLEASE CONTACT US IMMEDIATELY AT (703-816-4000).

slj
FACSIMILE OPERATOR

ATTACHMENT/S:

MESSAGE:

Terry:

Per your telephone request, attached are copies of the two Requests for Withdrawal as Attorney or Agent filed by us in Application No. 09/699,398. On information and belief, the November 19, 2004 submission shows Dr. Lynn's most current address..

Regards,

Michelle Lester

CONFIDENTIALITY NOTE

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Serial No.: 091699,398

Applicant: LYNN

Title: LIVER RECEIVING MEDICAL. Client: 1131
Ref: 62

Atty: MNL -14

Date: Nov. 19, '04

Client: 1131

Ref: 62

Amendment

Pages Specification

— Claims

Sheets Drawings: Formal

Informal Declaration (_____ Pages)

Declaration Assignment

Assignment Priority Document

Priority Document
Base Issue Fee Transmittal

**Base Issue Fee Transmittal
Check Enclosed (\$)**

Check Enclosed (\$
 Credit Card Payment

Other : Credit Card Payment Form (S) Request (S) (S)

Other : Request for Withd

Request for Withdrawal as ~~Attorney~~ ^{Esq. Esq.}

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/699,398
Filing Date	October 31, 2000
First Named Inventor	LYNN
Title	LUER RECEIVING MEDICAL VALVE AND FLUID TRANSFER METHOD
Atty Docket Number	1131-62
Group Art Unit	3763
Examiner	Rodriguez

To: **Commissioner for Patents**
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Applicant has assumed responsibility for this case henceforth.

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number	<input type="text"/>	→	<input type="text"/> Place Customer Number Bar Code Label Here
--	----------------------	---	---

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Lawrence A. Lynn, D.O.			
Address		1275 Olentangy River Road			
Address					
City	Columbus	State	Ohio	Zip	43212
Country	United States				
Telephone	(614) 937-6626		Fax		

This request is made on behalf of myself and

all the attorneys/agents of record

all the attorneys/agents (with registration numbers) listed on the attached paper(s), or

the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name Michelle N. Lester, Reg. No. 32,331

Signature 

Date November 19, 2004

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

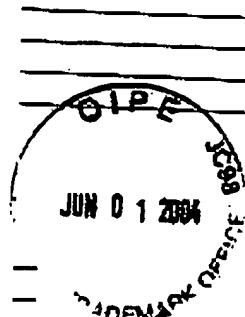
Serial No.: 09/699,398 C#/M#: 1131-62
Inventor/s: LYNN Atty: Michelle N. Lester
Title: LUER RECEIVING MEDICAL VALVE AND FLUID
TRANSFER METHOD Date: Jun. 1, 04

**XX REQUEST FOR WITHDRAWAL AS
ATTORNEY OR AGENT**

\$ Fee (Check) - Pre-Bill
\$ Fee (Check) - Non Pre-Bill

\$0.00 Total Fee Enclosed

Other:



REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT

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CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number	<input type="text"/>	→	<input type="text"/> Place Customer Number Bar Code Label Here
--	----------------------	---	---

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Lawrence A. Lynn, D.O.		
Address		1275 Kinear Road		
Address				
City	Columbus	State	Ohio	Zip
Country	United States			
Telephone	614-340-1864	Fax	614-487-3704	

This request is made on behalf of myself and

all the attorneys/agents of record

all the attorneys/agents (with registration numbers) listed on the attached paper(s), or

the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name Michelle N. Lester, Reg. No. 32,331

Signature Michelle N. Lester

Date June 1, 2004

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 90 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR. 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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